

**Transit Provider Questionnaire
Nevada Public Transportation Management System**

Agency/Company Identification

Agency/Company Name: _____

Person completing form: _____

Title: _____

Address: _____

City: _____ County: _____

Zip: _____

Telephone: _____ Fax: _____

Organization is:

☐ Unit of state or local government [] city; [] county; [] other _____

☐ Private non-profit agency ☐ Private for-profit agency or company

☐ Agency of Native American
tribe or colony

[Note: For all questions that do not apply to your operations, please indicate "N/A"]

1. Description of service you provide (check as many as apply):

- ☐ Subscription service (repetitive trips over extended period of time without requiring individual calls)
- ☐ Fixed-route service (fixed route, fixed schedule)
- ☐ Demand-responsive service (door to door service usually for elderly and persons with disabilities)
- ☐ Rideshare/vanpool
- ☐ Other (please specify) _____

2. Annual number of one-way passenger trips: _____
[Passenger trip is defined as one person one way, does not include trips with driver only]
- and/or
- Annual number of passenger miles: _____
[Passenger mile is defined as the distance driven with a person on board, does not include trips with driver only]
3. Annual vehicle miles _____
(Vehicle miles are defined as the sum of miles traveled by all vehicles - with or without passengers)
4. Total annual operating budget for most recent calendar or fiscal year:
- \$ _____ Year: _____
[] calendar [] fiscal
5. Number of employees involved in transit administration, operations, and maintenance:
- Full-time: _____ Part-time: _____
6. Agency's operational area:
- ☐ City/town only ☐ County ☐ Multi-county
- Number of counties _____
- List counties served:
- _____
- _____
- [use back of sheet if necessary]
7. Do you contract with another transit provider for any of the transportation service provided by your agency?
- ☐ yes ☐ no
- If yes, is it:
- ☐ For all service? ☐ For part of service?
- What part of the service?

8. If you contract for service, please supply information below on the contract provider:

Agency/Company: _____

Contact: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ Fax: _____

[If more than one contract provider, please list on back of this sheet.]

9.a. Do you have or utilize:

transit center(s) or transfer terminal(s)? ☐ yes ☐ no

stopping or pick-up points? ☐ yes ☐ no

9.b. Are these facilities/pick-up points accessible to the physically challenged?

☐ yes ☐ no ☐ partially

If no, which ones are not? _____

9.c. Where are the transfer terminals or pick-up points located? (Please provide addresses [or cross streets] or maps if needed; also indicate condition of each location using a rating system of 1-5 where 1=bad, 2=poor, 3=fair, 4=good, 5=excellent.)

Location

Condition

1. _____

2. _____

3. _____

4. _____

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2. _____

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